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INDICATION FORM**

Application Number	10/623,239
Filing Date	July 17, 2003
First Named Inventor	FITZHUGH et al.
Title	Highly Cross Linked, Extremely...
Art Unit	1618
Examiner Name	FUBARA, Blessing M.
Attorney Docket Number	PA497 DIV1

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Practitioners associated with the Customer Number:

28390

OR

☐ Practitioner(s) named below:

Name	Registration Number

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☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	/Catherine C. Maresh, Reg. 35,268	Date	December 7, 2006
Name	Catherine C. Maresh	Telephone	707.591.2515
Title and Company	Senior Patent Counsel, Medtronic Vascular, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

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